

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>175</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>283</u>	
Town of <u>Rice</u>		Local Registrar No. _____	
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Edith Johnson</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.
6. Legitimate? <u>yes</u>		7. Date of birth <u>4/28/23</u>	(Month, day, year)
8. FATHER Full name <u>Richard Johnson</u>		14. MOTHER Full maiden name <u>Luney Kinney</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Rice, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Indian</u>		16. Color or race <u>Indian</u>	
11. Age at last birthday <u>45</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Rice</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>Rice</u> (State or country) <u>Ariz.</u>	
13. Occupation <u>Farmer</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Mary A. Seaward Fiske-Mahon</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Rice, Arizona</u>	
Registrar. <u>515-428-728</u>		Filed <u>6-6</u> , 1923 <u>B. G. S. G. H.</u> Local Registrar.	
		Filed <u>6-5</u> , 1923 <u>B. G. S. G. H.</u> County Registrar.	